Cultural Communities Network

Membership Application Form

Title	**Membership Application Form**
Date	**21 May 2026**
Version	**20260521-A1**
Status	**Approved for use**

Details of applying institution

Name: _____

_____

Cultural community interest represented: _____

_____

Physical address: _____

_____

Type of institution

Note: Only recognised institutions representing cultural community interests are eligible for membership.

☐ cultural organisation

☐ community organisation

☐ royal or traditional leadership structure

☐ community representative organisation

☐ other (please specify) _____

_____

Appointed delegates

Title, full names and surname of first delegate: _____

_____

Title, full names and surname of second delegate: _____

_____

Contact details

Name and surname of contact person: _____

_____

E-mail address: _____

Cell phone number: _____

WhatsApp number: _____

Required documents

Note: The signed resolution must be sent with this application form.

☐ Signed resolution confirming a) the endorsement of the Rules of Order of the CCN b) the decision to apply for membership, c) the person authorised to apply for membership and d) the appointment of the representative(s).

Declaration and signatures

I, the undersigned, confirm that all the information supplied on this form are true and correct and that all decisions and resolutions were taken by the appropriate and legitimate decision-making body of the applicant.

Signed at _____ (place) on _____ (date).

Signatory:

Title, full names and surname: _____

Designation (role): _____

Signature: _____

Witness:

Title, full names and surname: _____

Designation (role): _____

Signature: _____

Send completed form with annexures to info@culturalnetwork.africa

Submit original form and resolutions at the next in person meeting or courier to:
Mr Barend P. Uys, AfriForum, 58 Union Ave, Kloofsig, 0157.